

**EXPLORATIONS OF KELANTANESE WOMEN'S  
EXPERIENCES OF CRIME VICTIMISATION  
AND THEIR PERCEPTIONS ON POST-CRIME  
HEALTHCARE NEEDS**

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AND THEIR PERCEPTIONS ON POST-CRIME  
HEALTHCARE NEEDS**

by

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## **LIST OF ABBREVIATIONS**

ANOVA	Analysis of variance
APA	American Psychology Association
ASD	Acute stress disorder
ASR	Acute stress reaction
CVW	Women Crime Victimisation Battery
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders (Fourth Edition)
ED	Emergency
FN	Forensic Nursing
HS-CVW-IG	Health Supports for Women Victims of Crime semi-structured interview guide
IPV	Intimate partner violence
JEPeM	Human Research Ethics Committee
MANOVA	Multivariate analysis of variance
MoH	Ministry of Health
NGOs	Non-government organisations
OSCC	One Stop Crisis Centre
PTSD	Post-traumatic stress disorder
RMP	Royal Malaysian Police
RO	Research objective
RQ	Research question
SASRQ	Stanford Acute Stress Reaction Questionnaire
WAO	Women Aid Organization
WHO	World Health Organization

**EKSPLORASI PENGALAMAN WANITA KELANTAN TERHADAP  
PEMANGSAAN JENAYAH DAN PERSEPSI MEREKA TERHADAP  
KEPERLUAN PENJAGAAN KESIHATAN SELEPAS MENJADI MANGSA  
JENAYAH**

**ABSTRAK**

Tujuan tesis ini adalah untuk mengkaji pengalaman mangsa jenayah dan keperluan penjagaan kesihatan selepas menjadi mangsa jenayah dalam kalangan wanita di Kelantan. Ia telah dijalankan dalam dua fasa, dengan menerima pakai kaedah campuran; kaji selidik kuantitatif berdasarkan keratan rentas dan temubual kualitatif. Responden fasa kuantitatif telah dipilih daripada penduduk wanita di Kelantan yang menjadi mangsa jenayah sama ada harta, keganasan, atau lain-lain jenis dalam tempoh 12 bulan lalu. Responden mengisi borang kaji selidik yang menunjukkan personaliti mereka mengikut personaliti 'Big Five, tindak balas tekanan akut (ASR), status kesihatan dalam tempoh satu tahun selepas menjadi mangsa jenayah, dan persepsi mereka terhadap keperluan mangsa jenayah semasa dalam persekitaran penjagaan kesihatan. Terdapat N=102 orang penyertaan rawak pada fasa kajian kuantitatif. Keputusan menunjukkan bahawa tidak ada kaitan antara personaliti individu dengan jenis pemangsaan jenayah. Status perkahwinan dan status pekerjaan menunjukkan hubungan yang signifikan,  $p < 0.05$ , pada jenis jenayah. Daripada segi perkaitan antara personaliti dan ASR, hanya sifat emosi menunjukkan hubungan yang signifikan,  $r = -0.268$ ,  $p < 0.05$ . Fungsi sosial dan kesakitan mempunyai hubungan yang signifikan pada tahap  $p < .001$  kepada semua domain di ASR. Fasa kedua kajian melibatkan wawancara enam mangsa jenayah yang mendapatkan rawatan di hospital atau klinik. Tema yang dikaji pada peringkat ini termasuklah kesan jenayah, pengalaman di

institusi kesihatan, keperluan mangsa jenayah, dan sokongan dalam penubuhan pengkhususan dalam memberi rawatan kepada mangsa jenayah di Malaysia. Sebagai kesimpulan, kajian ini telah memberikan pemahaman tentang ciri-ciri mangsa jenayah, kesan jenayah terhadap kesihatan, dan keperluan mangsa jenayah dalam persekitaran penjagaan kesihatan. Penemuan ini menekankan perlunya penyelidikan lanjut mengenai isu-isu jenayah yang boleh memberi manfaat dalam bidang pencegahan jenayah dan pengurusan kes mangsa jenayah dalam persekitaran penjagaan kesihatan.



# **EXPLORATIONS OF KELANTANESE WOMEN'S EXPERIENCES OF CRIME VICTIMISATION AND THEIR PERCEPTIONS ON POST-CRIME HEALTHCARE NEEDS**

## **ABSTRACT**

The aims of this thesis are to examine experiences of crime victims and post crime health care needs among women in Kelantan. It was a mixed method study, conducted in two phases adopting cross-sectional quantitative survey and qualitative interviews. The respondents for the quantitative phase were selected from female population in Kelantan who experienced either property, violent, or other types of crime victimisation within the last 12 months. Respondents filled in survey forms that indicated their personalities according to the Big Five personality, acute stress reactions (ASR), general health status within one year after the crime victimisation, and their perception of the needs of crime victims while visiting health care setting. There were N=102 random participation in the quantitative phase. The results suggested that there were no relationship between personality traits and the types of crime victimisation. Marital status and employment status showed a significant association,  $p < 0.05$  with types of crime. In regards to personality traits and ASR, only Neuroticism trait showed a significant correlation,  $r = -0.268$ ,  $p < 0.05$ . Social functioning and pain were significantly associated at the  $p < .001$  level to all of domains in the ASR. The second phase involved interviews of six crime victims who visited hospitals or clinics due to their crime victimisation. Themes explored including the impact of crime, experience of crime victims in healthcare institutions, the needs of crime victims, and the need for specialty in managing crime victims in Malaysia. As a conclusion, this study has provided an understanding on the characteristics of

crime victims, impacts of crime on health, and crime victims' needs in health care settings. These findings emphasize the need for further research in crime victimisation issues, which in return would benefit the area of crime prevention and crime victims' case management in health care settings.

# **CHAPTER ONE**

## **INTRODUCTION**

### **1.1 Introduction**

Crime victimisation among women is a phenomenon that needs serious attention. According to von Hentig's 13 Typologies, women are considered as the 'easy target' for criminals due to their lack of strength (Burgess, Regehr, & Roberts, 2010). In addition, the recent global prevalence of violence against women as stated by the World Health Organization (WHO) (2016) has soared to 35%. This figure shows a worrying reality of crime faced by women. Furthermore, injury related to the consequence of crime victimisation is the third principal cause of hospitalisation in Ministry of Health (MoH) hospitals in 2015 (MoH, 2017). Nevertheless, details of the injury experienced and interventions available for crime victims were not extensively published.

In addition, literature search spanning a decade did not yield significant or contemporary research in this area. Similarly, little evidence has also been found in Malaysia's texts. This is surprising in the face of increasing crime rates, especially violent crime; where victims suffer negative health effects. Moreover, evidences in the association between victimisation and poor health have been produced in various studies but unfortunately, the scopes of studies were commonly on women's experiences of interpersonal violence (Freeman & Smith, 2014).

In order to address this lack in the literature, this study was conducted with the concern to address the phenomenon of crime victimisation among women. This study emphasised crime victimisation issues from the Victimology point of view, with an integration of health science. It is an explorative study as lack of previous research has resulted in an absence of contemporary knowledge in this area.

This chapter contains salient information which is divided into several sub-headings. These include background, problem statements, research questions, research objectives, hypotheses, and significance of the study. Definitions of key terms are also added to ensure a proper understanding of the content of this study.

## **1.2 Background**

Background of study is important to describe the nature of the research problem, indicate the root of the problem being studied, and which gaps are going to be addressed (University of Southern California, 2016). In this section, information that leads to the execution of this study is presented. The information includes trends of crime worldwide, crime victimisation in Malaysia, and crime victims' health needs.

### **1.2.1 Trends of crime worldwide**

Trends of crime worldwide may indicate the reality of crime victimisation. At the international level, statistics have shown a steadiness or a slight decrease in violent crimes of intentional homicide, robbery, and rape between 2003 and 2013 (United Nations Office on Drug and Crime (UNODC), 2013). Meanwhile, in high-income countries, there were decrement of burglary and motor vehicle theft (UNODC, 2013).

Trends of those crimes in low and middle-income countries varied, with some countries recording either increases or steadiness (UNODC, 2013).

In addition, several serious crimes that involve female victims have also highlighted in the UNODC report. Crimes that involve women specifically or in a great number, compared to men include gender-based killing and human trafficking (UNODC, 2013). In both cases, citizens in low-income countries showed a higher tendency to be victims. Moreover, homicide that resulted from gender-related motives had killed 47% of women from the overall cases in 2012 (UNODC, 2013). This report indicated that being a woman exposes an individual to a high chance of being victims of certain crimes.

Other than the UNODC report, the World Health Organisation (WHO) (2012) revealed that 70% of women had been victimised physically and/or sexually from an intimate partner during their lifetime. The worldwide statistics of intimate partner violence (IPV) revealed that one-third of women were reported as having had experienced IPV (WHO, 2012). In the UN WOMEN (2015) report, New Delhi disclosed that 92% of women have been the victims of sexual violence in public spaces during their lifetime.

In response to the global trends of crime and female victimisation worldwide, there is a need to investigate more about crime and crime consequences at the local level. This is because the rate of crime is different between regions and countries and may produce different effects. For example, some countries may have low incidences of certain crimes even though global trend shows the opposite. Thus, an urgent action must be taken to advance understanding in this area.

### **1.2.2 Crime victimisation in Malaysia**

Trends of crime in Malaysia can give the impression of the seriousness of the crime victimisation issues in local settings. The trend of crime in Malaysia in accordance to the index crime, has shown a steady decrement beginning from the year 2009 (National Transformation Programme, 2015). Index crimes decreased by an average of 6.6% per year from 2009 to 2014. In 2014, incidents of car theft lowered by 20%, and contributed to a significant decrease of crime index in that year (National Transformation Programme, 2015). However, the reduction is not significant as the number of victims that may have suffered from the crime of car theft continue to be high.

Despite the positive decrement in crime rates United States Department of States (OSAC) (2015), in the Malaysian 2015 Crime and Safety Report; placed the ranking of crime in this country as 'high'. The report highlighted that violent crime is common in Malaysia alongside with several other index and street crimes (OSAC, 2015). In addition, it was also reported that non-index crimes such as credit card fraud and scam were also a concern and need to be addressed.

Information in Table 1.1 below compares crime rate in all states in Malaysia from January to December 2013. The statistics were obtained from RMP (2014). From the data, Selangor was the state with the highest crime rate in Malaysia while Perlis had the lowest. If the data is calculated based on crime rate per 100,000 populations, the federal capital of Kuala Lumpur led all the states with the highest number of cases.

**Table 1.1:** Statistics of crime rate in 2013 in all states in Malaysia (RMP, 2014)

No	State	Crime index	Crime rate per 100,000 population
1	Perak	7,429	307.4
2	Kedah	8,636	432.5
3	Malacca	4,186	496.9
4	Sarawak	9,191	361.2
5	Perlis	831	347.1
6	Negeri Sembilan	5,993	567.4
7	Johor	17,105	497.3
8	Pahang	5,257	370.5
9	Kelantan	5,737	349.7
10	Sabah	5,772	171.2
11	Kuala Lumpur	22,319	1302.6
12	Kelantan	7,936	492.6
13	Terengganu	3,610	330.3
14	Selangor	43,060	762.0

The table above portrays the seriousness of crime victimisation in Malaysia. It is not to speculate why females have a higher rate of victimisation compared to males because the statistics do not show victimisation rate by gender but rather number of crime cases reported. There is also non-existence of crime victimisation statistics in Malaysia by gender except for certain crimes such as domestic violence and rape. Due to this, the statistics above just serve as a general background of the crime incidents in Malaysia according to state, indicating a large number of victims may be affected by crime and that crime victimisation occurs in all states; and as such it is of national concern to explore crime victimisation from the victims themselves as an approach to reduce crime rates. More detailed information about the statistics of common crimes experienced by women is in section 1.3.

While it is hard to expect for a zero crime rate, the presented crime rate figures may bring an unpleasant perception regarding the feeling of safety in the country. The statistics also reflected that there may be many people that have been victimised and suffered due to crime victimisation. Thus, the focus should be in the study of the

vulnerability of individuals to crime victimisation and its impact, particularly on females; as worldwide trends depict that females are more likely to become victims compared to males.

### **1.2.3 Crime victims' health concerns and their needs**

Health care providers such as physicians and nurses, have important roles in aiding crime victims who are presented at health care institutions. Crime victimisation may leave physical and psychological scars to the crime victims, thus, ensuring a good management may help individuals to overcome the traumatic experience. Unfortunately, several problems have been identified in the management of crime victims in health care institutions.

Colombini et al., (2012) had mentioned that the management of crime victims in Malaysia's healthcare setting appears lacking due to the problems in three main factors, which are the policy makers, health care delivery, and the providers themselves. The problems in these areas contribute to the need in exploring crime victims' experience and their expectations of health care professionals. The main foci should be to improve crime victims' trauma management, victimisation ill-health effects, and their needs in health care settings. Corresponding to these foci, this research examines and seeks to determine the trauma experienced by crime victims, their ill-health effects and case management needs in health care.

Despite the importance of understanding the topic, there is a lack of academic literature regarding health problems following crime victimisation in Malaysia. Exploring the health problems experienced by the crime victims is important as effects of crime



victimisation are significant and need to be addressed properly for the crime victims' trauma management. Exploring crime victims' needs in health care setting is also a necessary step in order to provide them with appropriate health-care assistance. In addition, this study proposes to introduce new specialty in Malaysia with an aim to provide better management in health care settings for crime victims.

### **1.3 Problem statement**

In this section, relevant problem statements are explained. Generally, there are three problem statements. The first problem is related to the increase of violence against women in Malaysia. The second refers to the worrying crime rate in Kelantan which may affect public safety. Lastly, problems in the current management of crime victims in health care institutions are presented.

#### **1.3.1 The increment of violence against women**

The United Nation (UN) defined violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life" (1993, para. 14). It is estimated that one in three women is a victim of violence at one time in their lives (UN, 1993, para. 14). Examples of violence against women are domestic violence, rape, sexual harassment, incest, and others (Women's Aid Organization, 2011).

The statistics of specific forms of violence against women clearly reflect the severity of crime victimisation against women in Malaysia. One of the most common forms of violence against women is domestic violence. For example, according to the statistics

in Malaysia, there was an increment in cases of domestic violence in 2013, which were 4,123 cases compared to 3,488 cases in the previous year (Women's Aid Organisation, 2015). A trend analysis of violence between the years 2000 and 2013 is shown in Table 1.2 to illustrate the severity of the problem and subsequently, the number of victims who may require medical care.

**Table 1.2:** Statistics of violence against women and children 2000 – 2013 (Women's Aid Organisation, 2015)

<b>Year</b>	<b>Domestic Violence</b>	<b>Rape</b>	<b>Incest</b>	<b>Abuse of Domestic Workers</b>	<b>Child Abuse</b>	<b>Outrage of Modesty</b>	<b>Sexual Harassment in the Workplace</b>
2000	3468	1217	213	56	146	1234	112
2001	3107	1386	246	66	150	1393	86
2002	2755	1431	306	39	123	1522	84
2003	2555	1479	254	40	119	1399	82
2004	3101	1760	334	66	148	1661	119
2005	3093	1931	295	37	189	1746	102
2006	3264	2454	332	45	141	1349	101
2007	3756	3098	360	39	196	2243	195
2008	3769	3409	334	-	-	2131	-
2009	3643	3626	385	-	203	2110	-
2010	3173	3595	-	-	257	2054	-
2011	3277	3301	342	78	242	1941	-
2012	3488	2998	302	29	285	1803	-
2013	4123	2767	249	28	295	1730	-
<b>Total cases</b>	46572	34452	3952	523	2494	24316	881

Statistics were collected for the following crimes: domestic violence, rape, incest, abuse of domestic workers, child abuse, outrage of modesty, and sexual harassment at the workplace. Between the years 2000 and 2013, there were a total of 112,309 reported cases of violence against women and children. This does not include unreported cases. However, the statistics of violence against women according to Kelantan state is not available. The information is important as it can increase the awareness of Kelantanese women on violence against women in the local setting. It

also appears that more and more victims of violence may need professional health care from health practitioners who may not have the appropriate training or expertise to deal with the needs of crime victims.

In general, reported cases of domestic violence appear to be increasing and signify a worsening problem of violence against women in Malaysia. In contrast, there was a decrement in rape and outrage of modesty statistics as evidenced by the gradual declining in rape and outrage of modesty cases between the years 2009 to 2013 (Women's Aid Organisation, 2015). However, the reduction is not significant as the number of victims continues to be high. In response to the worrying statistics, various programmes have been done, such as 'Wanita Membanteras Keganasan', and 'Kempen Henti Keganasan Terhadap Wanita' (Siti Fatimah, 2001; Royal Malaysian Police, 2013). Despite these efforts, violence against women still occurs in high numbers.

### **1.3.2 Worrying crime trends in Kelantan**

In this study, Kelantan was selected to be the area for data collection. This is due to the worrying crime rate and the rapid demography change in this state. The crime rate per 100,000 population in Kelantan was higher compared to several other states in Malaysia (Table 1.1 is referred). As suggested by Wan Rozali (2007), the increment of crime and violence are among the common negative effects of urbanization. Kelantan is exposed to this risk as well. As a consequence, if cases of crime and violence continue to rise, the increment of crime victims may also be expected.

In addition, juvenile cases in Kelantan have increased as high as 52% from January to June 2016 compared to the statistics for the same time frame in the year before (Rosliza, 2016). Robbery, burglary, and gangsterism are among the common delinquent acts involved by this group (Rosliza, 2016). In addition, cases of domestic violence also increased in January 2016 by 40% compared to January 2015 (Syazwan, 2016).

The boost in juvenile crime and the current crime rate has clearly shown the direction of crime trends in Kelantan. Thus, due to these factors, a research must be done to evaluate the vulnerability factors in Kelantan community and crime consequences to female victims. It is an important step in the implementation of crime preventive measures and to provide a better health treatment for crime victims.

### **1.3.3 Problems and gaps in the management of crime victims in health care institution**

The health care delivery in Malaysia is struggling with staffing, training, monitoring, and collaborating with external agencies issues (Columbini et al., 2012). Geshina's (2010) study of violent victimisation found that hospital staff was of the opinion that insufficient and overburdened staff influenced the reduction of quality in health services leading to workplace violence. More recently, Maziah, Owi, and Raymoun (2013) found that there was a problem of inadequate staffing among nurses in Malaysian hospitals and it contributed to negative outcomes to their services, especially to the quality of care to their patients. In addition, based on the study by Colombini et al. (2012), health care providers were reported to have poor knowledge and were unsure of their own roles in managing crime victimisation.

According to the Ministry of Health (MoH)(2013), there was a total of 98,167 nurses and 46,916 doctors in government and non-government health care settings. The ratio between nurses and the population was 1:333 and the ratio between doctors and the population was 1:633 (MoH, 2013). With regards to the top ten principle cause for hospitalisation, ‘injury, poisoning, and certain other consequences of external causes (of which violence and crime victimisation were included)’, was the third top cause in government hospitals and the fifth top cause in private hospitals (MoH, 2013). Based on the trend analysis shown in Table 1.2, between the years 2000 and 2013, more than 112,000 women and children were violently victimised. The numbers of crime victims in the face of untrained or ill-trained health personal is particularly worrying.

In summary, these studies and information indicated the lack of training among healthcare workers, poor management in health delivery, and the failure of the policy makers in identifying the importance of crime victims’ issues. These three areas are multi-dependent, in which the role of policy makers impacts health care delivery and health providers and vice versa (Columbini et al., 2012). Therefore, a study must be done to explore health problems of crime victims and their expectations in health care services so it can provide empirical findings for policy makers to address and improve the needs of crime victims in Malaysia. This effort in return may improve health delivery and health providers’ case management.

#### **1.4 Research Questions**

Through the discussion of the problem statements, six research questions were formulated. This study attempted to give insight on the existing problems by answering these questions. The research questions are as following:

1. Do types of crime victimisation relate to the demography attributes of women crime victims in Kelantan?
2. Which personality traits are associated with the vulnerability of crime victimisation among women?
3. Do personality traits influence acute stress reactions (ASR) of crime victims?
4. Which domains in ASR are linked to the general health status of crime victims?
5. Do types of crime influence both acute stress reaction and general health of crime victims?
6. What are crime victims' perceptions on the needs post-crime victimisation in health care institutions?

## **1.5 Research objectives**

This section presents the aims of the current research. These objectives were prepared in order to address the identified problems listed in the research questions. They were divided into general and specific objectives.

### **1.5.1 General Objectives**

There are two general objectives. The first is to examine experiences of crime victimisation among women. The second is to examine women's perception on post crime health care needs among women in Kelantan.

### **1.5.2 Specific Objectives**

Based on the general objectives, six specific objectives are formulated in the quantitative phase, which is to:

1. Examine the relationship between types of crime victimisation with demography attributes of Kelantanese women who have been victims of crime in the past 12 months.
2. Examine the relationship between types of crime victimisation with personality traits of women who have been victims of crime in the past 12 months.
3. Determine the relationship between personality traits of women crime victims with ASR.
4. Determine the relationship between ASR and health domains of female crime victims.
5. Determine the relationship of types of crime against ASR and general health status of female crime victims.
6. Examine perceptions of crime victims on health care service post crime victimisation.

For qualitative phase, four specific objectives are formulated as below:

1. To explore the impact of crime victimisation among women in Kelantan.
2. To explore the experience with regards to health care services post crime victimisation.
3. To explore the needs of females post crime victimisation.
4. To explore the perception of the needs for a specialty in managing crime victims.

## **1.6 Research Hypotheses**

The role of hypothesis includes predicting the findings of an observation which the truth is not known (Ranjit, 2011). There are five null hypotheses ( $HG_0$ ) formulated to be tested in this study. They are based on the specific objectives which are listed below:

**1.6.1 Group Hypo One:** There are no significant differences between types of crime victimisation across socio-demographic variables.

**1.6.2 Group Hypo Two:** There are no significant differences between personality traits and types of crime victimisation.

**1.6.3 Group Hypo Three:** There are no relationships between personality traits and acute stress reaction among crime victims.

**1.6.4 Group Hypo Four:** There are no relationships between ASR and health domains among female crime victims.



**1.6.5 Group Hypo Five:** There is no statistically significant difference between types of crime against ASR and general health of crime victims.

It is mentioned here that the sixth specific objective will also be analysed descriptively. Items will be put into six categories based on previous literature. The qualitative phase specific objectives are actualised via thematic analysis. As the data is qualitative, there is no hypothesis for this objective. Information regarding the themes explored is in Chapter Three.

## **1.7 Significance of the Study**

There are two areas where the outcomes of this study may be of significant value. The first area centres on providing data on crime victimisation to influence policy regarding the treatment and care of crime victims, especially women; in Malaysia. The second, the findings from this research may offer valuable insights to the establishment of a specialty which may benefit the healthcare system, society, and the crime victims themselves. The significance in these two areas is summarised below.

### **1.7.1 Providing data on women crime victimisation**

Lack of data and information regarding the impacts of crime have been proven to be a factor of the least focus among policy makers of health services (Colombini et al., 2012). As a result, policy makers prioritize other issues and diseases which have more thorough information such as cardiovascular diseases, diabetes, and hypertension (Colombini et al., 2012). Therefore, this study would be beneficial in providing new data, in order to enable an organisational and operational shift in addressing the needs of crime victims.

In addition, according to Stone, Keating, and Maxwell (2001); a research may be made for the purpose of showing that an intervention is needed for a particular issue. As a research outcome, the need for intervention serves as an evidence-based foundation for task design, description, and responsibilities within the intervention programme itself. Subsequently, the results of a research work by influencing policy changes (Stone, Keating, & Maxwell (2001). Thus, this research aims to reveal that the impacts of crime victimisation are significantly real and need to be addressed by policy makers.

Data from this study can also influence several other concerned parties in Malaysia. For instance, findings from this study may assist the police, health care workers, social workers, and NGOs in understanding the sociodemographic and characteristics of women who have been victims of crime in Malaysia. This information can be used as a basis for proactive measures in primary crime prevention. These parties can come out with screening programmes and relevant strategies in order to identify potential victims of crime or detect the possibility of crime victimisation among vulnerable groups.

Furthermore, health care workers may find it valuable if they know the traits of crime victims. This information may help them predict and tailor the health care needs of crime victims to the area of health they may suffer, based on their unique traits. This will guide them on how to treat the crime victims more holistically.

### **1.7.2 Improving health care service for crime victims**

The Government of Malaysia has been aware of the issue of crime victimisation among women. This is evidenced by the setup of One Stop Crisis Centre (OSCC) in selected

government hospitals that focus on crime victim assessment and treatment (OSCC Malaysia Provider, 2015). It was launched in 1997 with the aim of offering a complete service for abuse, rape and domestic violence victims (OSCC Malaysia Provider, 2015). However, according to Colombini et al. (2012), the services provided in OSCC are ineffective, and one of the reasons is the lack of specialists in the area who are able to recognize the problems and offer appropriate measures. Due to these problems, a team of specialist in crime victims' management must be formed for the sake of a better approach in managing cases of crime victimisation.

For example, findings from this study may give direction to the formation of new specialty to manage crime victims in health care setting, such as Forensic Nursing. This post, which has been established in many developed countries, aims to improve health care response to crime victims. This step may be beneficial because nurses who are not well equipped with forensic knowledge may treat crime victims as common accident patients. There are also several other reasons for this suggestion.

Forensic nursing is a profession that covers an area where legal implications take place in the health care setting. A forensic nurse is specially trained in managing the crime victims, thus making them the perfect choice to do this job efficiently (Lynch, 2006). In addition, according to Waszak (2013), nurses make good forensic professionals due to their knowledge related to science subjects and their thorough documentation skills, which is important in the legal process. They are also specially trained in psychology and communication (Waszak, 2013).

Nurses are the largest professional group among other professionals in the health care system. As a matter of fact, in Malaysia, there are 89,167 registered nurses, and 24,419 community nurses (MoH, 2014). Thus, this large number of health providers has the potential to help address crime victims' health concerns. Currently, the job scope and responsibilities of the nursing profession do not cover the way to address crime victim needs. Instead, it is a common practice to treat crime victims like an accident or ill patient, without taking into consideration factors or situations that led them to seek professional health care.

## **1.8 Definition of Key Terms**

Explaining key terms used in this research is essential in order to give a concise and clear understanding to the reader. There are four terms which are used extensively in this study. To avoid any misconception, these terms are explained in its context. The terms are crime victimisation, vulnerability, personality, and acute stress.

### **1.8.1 Crime Victimisation**

To understand crime victimisation, the word 'victim' itself must be understood. If viewed from the terminology, the usage of 'victim' appears to be diverse. The word 'victim' originates from Latin meaning 'sacrifice'. It has been defined by Burgess, Regehr, and Roberts (2010) as "a person suffering from acts committed by an aggressor" (p. 10). Nowadays, the term has been expanded to cover individuals in unfortunate situations, such as victims in accident, scams, or war.

In this study, the word victimisation is paired with crime to be ‘crime victimisation’. For the term ‘crime victimisation’, Karmen (2012) defined it as “asymmetrical interpersonal relationship which is abusive, painful, destructive, parasitical, and unfair” (p. 2). When this term is used, it can be defined as a person who is or has been taken advantage of and has suffered some form of harm. As crime victimisation may be interpreted freely by individuals, Turvey and Petherick’s (2009) explanation is used, that being individuals victimised in an incident of crime as defined by a country’s criminal law. Thus, in this context, an individual is said to be a crime victim if he or she suffers from injury or loss based on the unlawful criminal activities of his or her assailant according to Malaysian laws.

As the law is an important factor in determining crime victimisation, the Malaysian Penal Code is referred to differentiate between crime and non-crime. This study focuses on crime victimisation which had happened among women in Malaysia, such as snatch theft, domestic violence, and others. The types of crime victimisation in this study will be categorised into ‘property’, ‘violent’, and ‘others’ types of crime.

The categories of property and violent crimes were chosen due to the usage of these two terms in the index crime statistics in Malaysia. Index crime comprises of 13 different types of crimes grouped into either ‘property’ or ‘violent’ (RMP, 2014). As stated in PEMANDU, index crime is “deemed to be serious offenses occurring with sufficient regularity to serve as a measure of the overall crime situation in the country” (Government Transformation Programme, 2011). Property crimes comprise of theft, car theft, motorcycle theft, heavy vehicle theft, snatch theft, and burglary (Government Transformation Programme, 2011). Violent crimes comprise of murder, rape, armed

robbery with an accomplice, robbery with an accomplice, armed robbery, robbery, and causing hurt (Government Transformation Programme, 2011). Other criminal acts in this study that were not under the definition of property and violent crimes such as vehicles and commercial crimes were categorised under 'others' type of crime.

### **1.8.2 Vulnerability**

Victim vulnerability refers to the “susceptibility of a person to become a crime victim based on demography or other characteristics” (Burgess et al., 2010, pg. 44). In addition, according to Doerner and Lab (2015, pg. 367), it refers to “the ease of being victimized”. The function of analysing victim vulnerability is to assist in crime prevention programmes targeting susceptible groups of people (Burgess et al., 2010). In this research, the researcher will analyse the common factors among the crime victims according to their demography and personality traits.

Demographic information of crime victims is crucial areas to be explored as such information provides insights regarding victimisation vulnerability and target selection. Factors of victimisation vulnerability include age, ethnicity, gender, marital status, and others. For instance, declining physical strength or health may lead to vulnerability to crime victimisation (Doerner & Lab, 2015). Gender may also give a prediction of the vulnerability to become crime victims in certain types of crime. For example, in Malaysia, women are known as the majority victims of domestic abuse, evidencing their likelihood of victimisation based on gender (Utusan Online, 2014).

Personality traits may also expose a person to victim vulnerability to certain crimes. This has been revealed by several studies which stated that certain personality characteristics may lead to particular crime victimisation (Shurman & Rodriguez, 2006; Maryam & Majid, 2013, Campfield, 2006). This study will use the Big Five Personality Test (Goldberg, 1999) to classify crime victims' personality traits. The most common personality traits among crime victims may show which group of the population is vulnerable to crime victimisation.

### **1.8.3 Personality**

Personality theorists have defined personality into several descriptions. As cited by Engler (2009), according to Allport (1955), personality is "something real within an individual that leads to characteristic behaviour and thought" (pg. 2). It is also defined as "an organized, consistent pattern of perception of the "I" or "me" that lies at the heart of an individual's experiences" (Allport, 1955 cited on Engler, 2009).

Personality is said to be influenced by nature, which is a combination of genetics and the environment. It can change according to age, but will reach stability during adulthood (Allport, 1955 cited on Engler, 2009). The area of interest in personality research is the composition of certain personalities, its development, factors affecting personality differences, and consequence of personality (Weiner & Craighead, 2010).

The Big Five model has been used extensively in personality research and is used in this study. The five domains include openness, conscientiousness, extraversion, openness, and agreeableness. In healthcare, knowing an individual's personality may contribute to a better result in the treatment process and in improving the standard of

healthcare (Gallagher, 2007). Thus, this study aims to look further into how much personality traits affect the health of women following their crime victimisation experiences.

#### **1.8.4 Acute stress**

Acute stress can be defined as a condition arising from traumatic events and can be experienced during or shortly following trauma (Grohol, 2014). Acute stress disorder (ASD) was introduced into the Fourth Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) to describe ASR that occur in the initial month after exposure to a traumatic event and before the possibility of diagnosing post-traumatic stress disorder (PTSD). This study does not intend to diagnosed Acute Stress Disorder, but rather to identify the extent of reaction of crime victims during acute stress period after crime victimisation, by adapting the DSM-IV criteria for acute stress disorder.

Acute stress disorder (ASD) is a psychiatric disorder that has been added in 1994 in DSM-IV (Gibson, 2015). There are several diagnostic criteria which determine the diagnosis of ASD. Firstly, according to the American Psychology Association (APA, 1994), ASD occurs after a person has faced a threatening event in which the person's response involved intense fear, helplessness, or horror. Characteristics of acute stress include symptoms of reexperiencing, dissociative, and other symptoms.

ASD and PTSD are different in term of emphasisation on dissociative symptoms (Gibson, 2015). ASD includes dissociation in the diagnosis while PTSD does not (Gibson, 2015). Thus, to complete the diagnosis of ASD, a person who has been exposed to a traumatic event should have three or more dissociative symptoms such as



numbing, detachment, reduce awareness of surroundings, derealization, depersonalization, and dissociative amnesia (APA, 1994).

## **1.9 Summary**

This chapter covers the important parts of a research such as the background, problem statements, research questions, research objectives, research hypotheses, and significance of the study. In addition, the definition of terms was also included to increase the understanding of the definition of elements to be conveyed to the reader. The next chapter present reviews from literature related to this study topic and the theoretical constructs applied in this study.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 Introduction**

In this chapter, a review of literature related to relevant theories and victims' experience with the crime are presented. In the first part, relevant theoretical constructs that act as the background for conducting this study are examined together with the theoretical framework. Next, discussions are made on crime victims' vulnerability to crime, followed by negative consequences of crime victimisation, and needs of crime victims in health care settings. At the end of this chapter, gaps in knowledge are identified and an operational framework for this research is explained.

#### **2.2 Theoretical Construct of the Research**

The role of theory in a research is vital. Brown (1977) defined the roles of theory as having dual relations in opposite directions; although it determines what type of data are to be collected in the initial step, the findings in the end may provide challenges to accepted theories. Based on this oppositional concept, it can be understood that chosen theories help to identify constructs in a research, and the results obtained determine whether the theory is describing the constructs well.

From the epistemology approach, a theory also helps variables to be connected in explaining a phenomenon. This remark is based on the work of Kerlinger (1979), who defined theory as “a set of interrelated constructs (variables), definitions, and propositions that presents a systematic view of phenomena by specifying relations among variables, with the purpose of explaining natural phenomena” (pg. 64). Thus,